
AGENDA ITEM SUMMARY

Meeting Date: 9/6/2016
Meeting Type: Regular Meeting
Staff Contact/Dept.: Nancy Machado – DPW
Staff Phone No: 541-726-3670
Estimated Time: Consent Calendar
Council Goals: Mandate

**SPRINGFIELD
CITY COUNCIL**

ITEM TITLE: LIQUOR LICENSE APPLICATION FOR GREATER PRIVILEGE FOR
MCKENZIE RIVER BREWING COMPANY, LLC. DBA: HOP VALLEY
BREWING COMPANY.

**ACTION
REQUESTED:** Endorsement of OLCC Liquor License Application for Hop Valley Brewing
Company for a restaurant style location, located at 980 Kruse Way, Springfield,
Oregon 97477.

**ISSUE
STATEMENT:** The owner of McKenzie Brewing Company, LLC has requested the City Council to
endorse its OLCC Liquor License Application.

ATTACHMENTS: Attachment 1. OLCC Liquor License Application.

**DISCUSSION/
FINANCIAL
IMPACT:** The license endorsement for McKenzie Brewing Company, LLC, DBA: Hop
Valley Brewing Company for Greater Privileges for the Brewery and applying as a
Limited Liability Company. The new license application has been reviewed and
approved by the appropriate City Departments.



OREGON LIQUOR CONTROL COMMISSION
LIQUOR LICENSE APPLICATION

Application is being made for:	
LICENSE TYPES <input type="checkbox"/> Full On-Premises Sales (\$402.60/yr) <input type="checkbox"/> Commercial Establishment <input type="checkbox"/> Caterer <input type="checkbox"/> Passenger Carrier <input type="checkbox"/> Other Public Location <input type="checkbox"/> Private Club <input type="checkbox"/> Limited On-Premises Sales (\$202.60/yr) <input type="checkbox"/> Off-Premises Sales (\$100/yr) <input type="checkbox"/> with Fuel Pumps <input type="checkbox"/> Brewery Public House (\$252.60) <input type="checkbox"/> Winery (\$250/yr) <input checked="" type="checkbox"/> Other: <u>Brewery</u>	ACTIONS <input type="checkbox"/> Change Ownership <input type="checkbox"/> New Outlet <input checked="" type="checkbox"/> Greater Privilege <input type="checkbox"/> Additional Privilege <input checked="" type="checkbox"/> Other: <u>C/LE</u>
90-DAY AUTHORITY <input type="checkbox"/> Check here if you are applying for a change of ownership at a business that has a current liquor license, or if you are applying for an Off-Premises Sales license and are requesting a 90-Day Temporary Authority	
APPLYING AS: <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individuals	
CITY AND COUNTY USE ONLY Date application received: _____ The City Council or County Commission: _____ (name of city or county) recommends that this license be: <input type="checkbox"/> Granted <input type="checkbox"/> Denied By: _____ (signature) _____ (date) Name: _____ Title: _____	
OLCC USE ONLY Application Rec'd by: <u>J. Smother</u> Date: <u>8/9/16</u> 90-day authority: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

- Entity or Individuals applying for the license: [See SECTION 1 of the Guide]
① McKenzie River Brewing Company, LLC ③ _____
② _____ ④ _____
- Trade Name (dba): Hop Valley Brewing Co.
- Business Location: 980 Kruse Way, Springfield, Land County, OR 97477
(number, street, rural route) (city) (county) (state) (ZIP code)
- Business Mailing Address: 990 W. 1st Ave., Eugene, OR 97402
(PO box, number, street, rural route) (city) (state) (ZIP code)
- Business Numbers: (541) 888-3810
(phone) (fax)
- Is the business at this location currently licensed by OLCC? ☒ Yes ☐ No
- If yes to whom: McKenzie River Brewing Company, LLC Type of License: F-Com / BP
- Former Business Name: Hop Valley Brewing Co.
- Will you have a manager? ☐ Yes ☒ No Name: Cassia Sexton
(manager must fill out an Individual History form)
- What is the local governing body where your business is located? Springfield
(name of city or county)
- Contact person for this application: Duke Tufty (No Solicitations Please) (503) 718-2311
(name) (phone number(s))
123 NE Third Ave., Ste. 310, Portland, OR 97232
(address) (fax number) (e-mail address) duke@nwalcoholaw.com

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Applicant(s) Signature(s) and Date:

- ① [Signature] Date 8/4/16 ③ _____ Date _____
② _____ Date _____ ④ _____ Date _____



**OREGON LIQUOR CONTROL COMMISSION
BUSINESS INFORMATION**

Please Print or Type

Applicant Name: McKenzie River Brewing Company, LLC Phone: (541) 868-3810

Trade Name (dba): Hop Valley Brewing Co.

Business Location Address: 980 Kruse Way

City: Springfield ZIP Code: 97477

DAYS AND HOURS OF OPERATION

Business Hours:

Sunday 11:30 AM to 11:00 PM
Monday 11:30 AM to 11:00 PM
Tuesday 11:30 AM to 11:00 PM
Wednesday 11:30 AM to 11:00 PM
Thursday 11:30 AM to 11:00 PM
Friday 11:30 AM to 11:00 PM
Saturday 11:30 AM to 11:00 PM

Outdoor Area Hours:

Sunday 11:30 AM to 11:00 PM
Monday 11:30 AM to 11:00 PM
Tuesday 11:30 AM to 11:00 PM
Wednesday 11:30 AM to 11:00 PM
Thursday 11:30 AM to 11:00 PM
Friday 11:30 AM to 11:00 PM
Saturday 11:30 AM to 11:00 PM

The outdoor area is used for:

☒ Food service Hours: 11:30 AM to 11:00 PM
☒ Alcohol service Hours: 11:30 AM to 11:00 PM
☒ Enclosed, how: Hedges / Landscaping
The exterior area is adequately viewed and/or supervised by Service Personnel.

(Investigator's Initials)

Seasonal Variations: ☐ Yes ☒ No If yes, explain: _____

ENTERTAINMENT

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Karaoke |
| <input type="checkbox"/> Recorded Music | <input type="checkbox"/> Coin-operated Games |
| <input type="checkbox"/> DJ Music | <input type="checkbox"/> Video Lottery Machines |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Social Gaming |
| <input type="checkbox"/> Nude Entertainers | <input type="checkbox"/> Pool Tables |
| | <input type="checkbox"/> Other: _____ |

DAYS & HOURS OF LIVE OR DJ MUSIC

Sunday _____ to _____
Monday _____ to _____
Tuesday _____ to _____
Wednesday _____ to _____
Thursday _____ to _____
Friday _____ to _____
Saturday _____ to _____

SEATING COUNT

Restaurant: 100 Outdoor: 40
Lounge: 60 Other (explain): _____
Banquet: _____ Total Seating: 200

OLCC USE ONLY

Investigator Verified Seating: (Y) (N)
Investigator Initials: _____
Date: _____

I understand if my answers are not true and complete, the OLCC may deny my license application.

Applicant Signature: [Signature] Date: 7/27/16

1-800-452-OLCC (6522)
www.oregon.gov/olcc

(rev. 12/07)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: McKenzie River Brewing Company, LLC Year Filed: 2008

Trade Name (dba): Hop Valley Brewing Co.

Business Location Address: 980 Kruse Way // 990 W. 1st

City: Springfield // Eugene ZIP Code: 97477 / 97402

List Members of LLC:

Percentage of Membership Interest:

1. <u>(managing member)</u>	<u></u>
2. <u>MillerCoors LLC</u> (members)	<u>72.092</u>
3. <u>Trevor J. Howard</u> ✓	<u>6.977</u>
4. <u>John Charles Hare</u> ✓	<u>8.734</u>
5. <u>Jonas Kungys</u> ✓	<u>6.444</u>
6. <u>Ronald J. Howard</u> ✓	<u>4.504</u>

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: Cassia Sexton DOB: 01/14/1988
8VED: 12/30/11 ✓ 456

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Signature: LFO Date: 8/4/16
(name) (title)

1-800-452-OLCC (6522)
www.olcc.state.or.us

(rev. 8/11)

OREGON LIQUOR CONTROL COMMISSION
LIMITED LIABILITY COMPANY QUESTIONNAIRE



Please Print or Type

LLC Name: MillerCoors LLC Year Filed: 2008

Trade Name (dba): _____

Business Location Address: 250 S. Wacker Drive, Ste. 800

City: Chicago, IL ZIP Code: 60606

List Members of LLC:

Percentage of Membership Interest:

- | | |
|---|---|
| 1. _____
(managing member) | _____ |
| 2. <u>MC Holding Company LLC</u>
(members) | <u>(42% economic interest; 50% voting interest)</u> |
| 3. <u>Miller Brewing Company</u> | <u>(58% economic interest; 50% voting interest)</u> |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

(Note: If any LLC member is another legal entity, that entity must also complete an LLC, Limited Partnership or Corporation Questionnaire. If the LLC has officers, please list them on a separate sheet of paper with their titles.)

Server Education Designee: N/A DOB: N/A

I understand that if my answers are not true and complete, the OLCC may deny my license application.

Signature: [Signature] President, Tenthet Blake Date: July 29, 2016
(name) (title)

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(rev. 8/11)